

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						Application Number 10587900	Filing Date				
Substitute for Form PTO-1360 (For use with Form PTO/SB/06)						Applicant(s)					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments				
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend
1							51				
2							52				
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14	1						64				
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47							97				
48							98				
49							99				
50							100				
Total Indep	2						Total Indep				
Total Depend	30						Total Depend				
Total Claims	32						Total Claims				

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